

**New Jersey Department of Health and Senior Services
Vital Statistics and Registration
P. O. Box 370
Trenton, NJ 08625-0370**

**REPORT OF NO BIRTHS, MARRIAGES, FETAL DEATHS OR DEATHS
FOR THE PERIOD OF _____**

The State Registrar's Office requests that all records be mailed weekly or that you submit this report, or a reasonable facsimile, weekly if you have no records to report. This report must be submitted no less than once a month on the 10th of the month, but is to be used only when no births, marriages, fetal deaths, or deaths occurred in your district during the reported period. If belated reports were received, they are to be forwarded in one of the official envelopes (REG-6) and this report need not be sent. It is the duty of the Registrar to make every effort to have all births, marriages, fetal deaths, and deaths reported promptly and violations of this law should be reported immediately to the State Registrar.

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I hereby report that no certificates of birth, marriage, fetal death or death have been received by me for the period indicated and that to the best of my knowledge and belief no births, marriages, fetal deaths or deaths occurred during the time period indicated in my registration district.

Name of Local Registrar (print): _____

Registration District: _____

Signature of Registrar: _____

Date: _____